



Uniform Medical Conversion Plans

For Benefits Available Beginning January 1, 2003

Summary of Plans I and II

The following information provides a brief summary of the major provisions of the Uniform Medical Conversion Plans, including a general overview of benefits provided and monthly rates charged for Conversion Plans I and II. The two plans provide most of the same benefits, but differ in the level of annual deductibles and maximum plan payment. This summary is not an insurance contract; the actual conversion policy describes plan benefits completely.

Both conversion plans have many of the same features and provisions contained in the Public Employees Benefits Board (PEBB)-sponsored Uniform Medical Plan for state employees. For instance, the plans include the same preauthorization and medical review requirements as the employee plan. However, the conversion plans do not include some of the benefits covered under the employee plan, such as:

- Eyeglasses and routine eye exams
- Routine hearing checks and hearing aids
- Preventive care
- Outpatient prescription drugs (covered under Plan I but not Plan II)

The coinsurance percentages in the conversion plans apply throughout the calendar year; there is no annual limit on your out-of-pocket expenses.

Benefit (when you use network providers*)	Conversion Plan I	Conversion Plan II
Annual Medical/Surgical Deductible (January 1 to December 31)	\$500/individual \$1,500/family	\$1,000/individual \$3,000/family
Annual Prescription Drug Deductible (January 1 to December 31)	\$100/individual \$300/family	Not applicable
Chemical Dependency – \$11,285 maximum plan payment in any 24-month period	80%	80%
Emergency Room (waived if admitted directly to hospital inpatient status)	80% after \$75 copay	80% after \$75 copay
Hospice Care (preauthorized) — 6-month maximum Respite Care — \$5,000 maximum	100%	100%
Hospital, Inpatient and Outpatient	80%	80%
Lifetime Maximum Plan Payment	\$100,000	\$250,000

*When you use non-network providers, the plan pays up to 60% of allowed charges.

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Benefit (when you use network providers*)	Conversion Plan I	Conversion Plan II
Mental Health		
Inpatient maximum: 10 days/year	80%	80%
Outpatient maximum: 20 visits/year	80%	80%
Obstetric and Newborn Care—benefit maximum	\$1,000	\$750
Office, Clinic, and Hospital Visits	80%	80%
Physical, Occupational, and Speech Therapy		
Inpatient: 60 days/year	80%	80%
Outpatient: 60 visits/year for all therapies combined	80%	80%
Prescription Drugs (Plan I only)—Up to a 90-day supply for retail purchases. There is an enrollee cost-share limit of \$75 per prescription/refill after the annual prescription drug deductible is met.		
Generic drugs, all insulin, and all disposable diabetic supplies	80%	Not covered
Brand name drugs	50%	Not covered

* When you use non-network providers, the plan pays up to 60% of allowed charges.

Uniform Medical Conversion Plans Monthly Rates

Effective January 1, 2003

Enrollment Category	Conversion Plan I \$500 Deductible	Conversion Plan II \$1,000 Deductible
Subscriber Only	\$759.14	\$622.14
Subscriber & Spouse/Same-Sex Domestic Partner	\$1,512.65	\$1,238.65
Subscriber & Child(ren)	\$1,324.27	\$1,084.52
Full Family	\$2,077.78	\$1,701.03

Rates change on an annual basis, but are subject to change at any time upon notice from the Health Care Authority.

When the eligible subscriber will not be covered, the following determines the premium charged:

1. If only the spouse/qualified same-sex domestic partner is to be covered, the spouse/qualified same-sex domestic partner is considered the subscriber.
2. If only a child or children are to be covered, the first child will be considered the subscriber (with the others counted as covered children).

If you wish to apply for one of the Uniform Medical Conversion Plans or would like additional information, please contact the **Washington State Health Care Authority, P.O. Box 42684, Olympia, WA 98504-2684;** or call toll-free **1-800-700-1555** or in Olympia, **360-412-4200.**

Reminder: Your application for conversion coverage and payment of the first month's premium must be postmarked within 31 days from the date your other PEBB coverage ends.